

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Helene Schneider for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	22921.25	653088.10
(b) Total Contribution Refunds (from Line 20(d))	90050.00	97301.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-67128.75	555787.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37522.94	554176.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37522.94	554176.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1147.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1744.45	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Helene Schneider for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13917.25	579818.42
(ii) Unitemized.....	2004.00	57519.68
(iii) TOTAL of contributions from individuals ▶	15921.25	637338.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	15750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22921.25	653088.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	36.43	166.36
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	22957.68	653254.46

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37522.94	554176.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	90050.00	97051.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	90050.00	97301.00
21. OTHER DISBURSEMENTS	0.00	630.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	127572.94	652107.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	105762.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22957.68
25. SUBTOTAL (add Line 23 and Line 24).....	128719.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	127572.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1147.03

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Emily Allen

Mailing Address 1224 Diana Road

City Santa Barbara State CA Zip Code 93103

FEC ID number of contributing federal political committee. **C**

Name of Employer Legal Aid Foundation of Santa Barbara Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **783.52**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : NONA1825

Amount of Each Receipt this Period
 222.25

Memo Item
 In-Kind, Advertising

B. Full Name (Last, First, Middle Initial)
Mary Becker

Mailing Address 1354 Plaza Pacifica

City Santa Barbara State CA Zip Code 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : INCA1842

Amount of Each Receipt this Period
 300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sheila Blake

Mailing Address 1320 Longview Drive

City Pismo Beach State CA Zip Code 93449

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1808

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

572.25

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : NONA1825

In-Kind

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
William Borgsmiller

Mailing Address 945 Airport Drive

City San Luis Obispo State CA Zip Code 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer ACI Jet Occupation President/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2016

Transaction ID : INCA1785

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Michael Brand

Mailing Address 1125 Veronica Springs Road

City Santa Barbara State CA Zip Code 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer Duval & Stachenfeld, LLP Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2016

Transaction ID : INCA1807

Amount of Each Receipt this Period
 25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Andrew D. Butcher

Mailing Address 1225 Mesa Road

City Santa Barbara State CA Zip Code 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Milner Butcher Media Group Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : INCA1788

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1275.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Victor Candioty

Mailing Address 10839 East Las Posas

City Camarillo State CA Zip Code 93012

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Johns Emergency Specialists Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2016

Transaction ID : INCA1776

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Suzu Cawthon

Mailing Address 2215 Calle Culebra

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Jazzercise Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : INCA1836

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Connie Connally

Mailing Address 815 Tye Road

City Santa Barbara State CA Zip Code 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
212.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2016

Transaction ID : INCA1775

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Margaret Connell		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 7114 Del Norte Drive		Transaction ID : INCA1809	
City Goleta	State CA	Zip Code 93117	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 50.00	
Name of Employer n/a	Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1675.00		

Full Name (Last, First, Middle Initial) B. Judith E. Dale		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2016	
Mailing Address 381 Thumbelina Drive		Transaction ID : INCA1803	
City Buellton	State CA	Zip Code 93427	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 100.00	
Name of Employer n/a	Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

Full Name (Last, First, Middle Initial) C. Barbie Deutsch		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 5106B Calle Real		Transaction ID : INCA1819	
City Santa Barbara	State CA	Zip Code 93111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 50.00	
Name of Employer n/a	Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 285.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 200.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Susan C. Ehrlich

Mailing Address 1249 Camino Meleno

City Santa Barbara State CA Zip Code 93111

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1821

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Tish Gainey

Mailing Address 2222 Sycamore Canyon Road

City Santa Barbara State CA Zip Code 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : INCA1837

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jonathan Glasoe

Mailing Address 868 Via Granada

City Santa Barbara State CA Zip Code 93103

FEC ID number of contributing federal political committee. **C**

Name of Employer Helene Schneider for Congress Occupation Finance Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
444.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1818

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Frances Grossman

Mailing Address 6132 Barrows Drive

City Los Angeles State CA Zip Code 90048

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : INCA1782

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dusty Heist-Levine

Mailing Address 3803 N. Orcutt Lane, #3

City Calabasas State CA Zip Code 91302

FEC ID number of contributing federal political committee. **C**

Name of Employer Israeli American Council Occupation Development Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2016

Transaction ID : INCA1774

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cheryl S. Heitmann

Mailing Address 1145 Bath Lane

City Ventura State CA Zip Code 93001

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2016

Transaction ID : INCA1833

Amount of Each Receipt this Period
 _____ 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 535.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Roger Himovitz

Mailing Address Post Office Box 5664

City Santa Barbara State CA Zip Code 93150

FEC ID number of contributing federal political committee. **C**

Name of Employer Coastal Construction Co. Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : INCA1840

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Tammy Hughes

Mailing Address 28 Anacapa Street

City Santa Barbara State CA Zip Code 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Tammy Hughes Occupation Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1815

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Hady Izadpanah

Mailing Address 935 Via Campobello

City Santa Barbara State CA Zip Code 93111

FEC ID number of contributing federal political committee. **C**

Name of Employer Stantec Consulting Services Occupation Civil Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : INCA1839

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Douglas Jacobson

Mailing Address 1919 State Street, Suite 303

City Santa Barbara State CA Zip Code 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Eye Specialists of Santa Barbara Occupation Physician/ Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : INCA1802

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Nancy K. Johnson

Mailing Address 149 Palm Court Drive

City Santa Maria State CA Zip Code 93454

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : INCA1787

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Stan Krome

Mailing Address 1843 El Camino De La Luz

City Santa Barbara State CA Zip Code 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer Stam Krome Occupation Web Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2016

Transaction ID : INCA1806

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Roberta Kroot

Mailing Address 115 Butterfly Lane

City Santa Barbara State CA Zip Code 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : INCA1781

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
George Leis

Mailing Address 405 Palomar Road

City Ojai State CA Zip Code 93023

FEC ID number of contributing federal political committee. **C**

Name of Employer Union Bank Occupation National Head of Banking

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1822

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mary E. Maxwell

Mailing Address 2525 State Street, #27

City Santa Barbara State CA Zip Code 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : INCA1829

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Marc McGinnes

Mailing Address 133 East De La Guerra, #191

City Santa Barbara State CA Zip Code 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Marc McGinnes Occupation Educator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1812

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
William E. Medel

Mailing Address 868 Highland Drive, Unit 4

City Santa Barbara State CA Zip Code 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer Ty Warner Hotels and Resorts Occupation Project Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : INCA1851

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Maggie Moss-Tucker

Mailing Address 165 Cedar Lane

City Santa Barbara State CA Zip Code 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : INCA1844

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Donald Olson

Mailing Address 2325 Garden Street

City Santa Barbara State CA Zip Code 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2016

Transaction ID : INCA1779

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Alan Parsons

Mailing Address 1500 Farren Road

City Goleta State CA Zip Code 93117

FEC ID number of contributing federal political committee. **C**

Name of Employer Alan Parsons Occupation Musician/ Producer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2016

Transaction ID : INCA1834

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert D. Peirson

Mailing Address 518A West Gutierrez Street

City Santa Barbara State CA Zip Code 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Housing Authority Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : INCA1850

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
John Price

Mailing Address 1550 La Vista Road

City Santa Barbara State CA Zip Code 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer Price Management, Inc. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : NONA1789

Amount of Each Receipt this Period
2700.00

Memo Item
In-Kind, Advertising

B. Full Name (Last, First, Middle Initial)
Loretta Redd

Mailing Address 813 Paseo Alicante

City Santa Barbara State CA Zip Code 93103

FEC ID number of contributing federal political committee. **C**

Name of Employer Loretta Redd Occupation Wedding Officiant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1814

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Loretta Redd

Mailing Address 813 Paseo Alicante

City Santa Barbara State CA Zip Code 93103

FEC ID number of contributing federal political committee. **C**

Name of Employer Loretta Redd Occupation Wedding Officiant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1813

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : NONA1789

In-Kind

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 19 OF 51

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Odile De Schietere

Mailing Address 300 Main Street, Apt. 201

City State Zip Code
 Nyack NY 10960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Odile De Schietere Interior Designer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : INCA1841

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James Sokolove

Mailing Address 1569 E. Valley Road

City State Zip Code
 Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Sokolove Law Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : INCA1831

Amount of Each Receipt this Period
 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Linda Stafford Burrows

Mailing Address 1683 Overdel Lane

City State Zip Code
 Solvang CA 93463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 n/a Community Volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : INCA1794

Amount of Each Receipt this Period
 350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Doug Stange

Mailing Address 2001 Chalk Buttes Road

City Ekalaka State MT Zip Code 59324

FEC ID number of contributing federal political committee. **C**

Name of Employer Doug Stange Occupation Rancher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : INCA1817

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mary Stange

Mailing Address 2001 Chalk Buttes Road

City Ekalaka State MT Zip Code 59324

FEC ID number of contributing federal political committee. **C**

Name of Employer Skidmore College Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : INCA1823

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Linda Toumi

Mailing Address 1711 De La Vina Street, #E

City Santa Barbara State CA Zip Code 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Santa Barbara Occupation Office Specialist II

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **335.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : INCA1835

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

235.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
Darren Wilson

Mailing Address 4694 Tajo Drive

City Santa Barbara State CA Zip Code 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer Fairview Carwash Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : INCA1845

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

13917.25

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial)
American Water Works Company, Inc. Federal PAC aka American Water Federal PAC

Mailing Address 1025 Laurel Oak Road

City State Zip Code
Voorhees NJ 08043

FEC ID number of contributing federal political committee. **C** C00354548

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : INCA1868

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
California League of Conservation Voters Federal PAC

Mailing Address 350 Frank H. Ogawa Plaza, Suite 11

City State Zip Code
Oakland CA 94612

FEC ID number of contributing federal political committee. **C** C00012401

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : INCA1795

Amount of Each Receipt this Period
 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

7000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 06 / 05 / 2016	
Mailing Address 14 Arrow Street, Suite 11			Amount of Each Disbursement this Period 0.99	
City Cambridge	State MA	Zip Code 02138	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fee		Category/Type 001	Transaction ID : EXPB1858	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 14 Arrow Street, Suite 11			Amount of Each Disbursement this Period 0.99	
City Cambridge	State MA	Zip Code 02138	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fee		Category/Type 001	Transaction ID : EXPB1917	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Emily Allen			Date of Disbursement MM / DD / YYYY 06 / 01 / 2016	
Mailing Address 1224 Diana Road			Amount of Each Disbursement this Period 222.25	
City Santa Barbara	State CA	Zip Code 93103	Memo Item <input type="checkbox"/>	
Purpose of Disbursement In-Kind, Advertising		Category/Type	Transaction ID : NONB1825	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	224.23
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : NONB1825

In-Kind

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Buying Time, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 650 Massachusetts Ave., NW, Ste. 2			Amount of Each Disbursement this Period 11000.00	
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Media Buy		Category/Type 004	Transaction ID : EXPB1853	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Buying Time, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 650 Massachusetts Ave., NW, Ste. 2			Amount of Each Disbursement this Period 11000.00	
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payment Made in Error		Category/Type 004	Transaction ID : EXPB1854	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Buying Time, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 650 Massachusetts Ave., NW, Ste. 2			Amount of Each Disbursement this Period -11000.00	
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund of Payment Made in Error		Category/Type 004	Transaction ID : EXPB1855	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Card Service Center			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address Post Office Box 569100			Amount of Each Disbursement this Period 1457.29	
City Dallas	State TX	Zip Code 75356	Memo Item <input type="checkbox"/>	
Purpose of Disbursement See Individual Credit Card Payees		Category/Type 001	Transaction ID : EXPB1912	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Ellen's Danish Pancake House			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 272 Ave of the Flags			Amount of Each Disbursement this Period 31.41	
City Buellton	State CA	Zip Code 93427	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Food		Category/Type 001	Transaction ID : EDTB85EXPB1912	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Exxon Mobil			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 4801 Hollister Avenue			Amount of Each Disbursement this Period 26.92	
City Santa Barbara	State CA	Zip Code 93111	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Gas		Category/Type 002	Transaction ID : EDTB80EXPB1912	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1457.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 219 E Gutierrez Street		Amount of Each Disbursement this Period 201.09
City Santa Barbara	State CA	
Zip Code 93101	Purpose of Disbursement Ink, Pens, Paper and Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EDTB77EXPB1912
State: District:		

Full Name (Last, First, Middle Initial) B. ReadyRefresh by Nestle		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address Post Office Box 856158		Amount of Each Disbursement this Period 49.38
City Louisville	State KY	
Zip Code 40285	Purpose of Disbursement Water	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EDTB79EXPB1912
State: District:		

Full Name (Last, First, Middle Initial) c. RevUp Software		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 702 Marshall Street, Suite 301		Amount of Each Disbursement this Period 1000.00
City Redwood City	State CA	
Zip Code 94063	Purpose of Disbursement Website	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EDTB78EXPB1912
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Santa Barbara Home Improvement Center			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 415 E Gutierrez Street			Amount of Each Disbursement this Period 18.95	
City Santa Barbara	State CA	Zip Code 93101	<input type="checkbox"/> Memo Item Transaction ID : EDTB84EXPB1912	
Purpose of Disbursement Spray Paint for Signs		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Shell			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 296 Santa Rosa Street			Amount of Each Disbursement this Period 34.10	
City San Luis Obispo	State CA	Zip Code 93405	<input checked="" type="checkbox"/> Memo Item Transaction ID : EDTB82EXPB1912	
Purpose of Disbursement Gas		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. SLO Provisions			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 1255 Monterey Street			Amount of Each Disbursement this Period 46.98	
City San Luis Obispo	State CA	Zip Code 93401	<input checked="" type="checkbox"/> Memo Item Transaction ID : EDTB81EXPB1912	
Purpose of Disbursement Food		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Spudnuts Donuts			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016		
Mailing Address 5718 Hollister Avenue, # 101			Amount of Each Disbursement this Period 11.99		
City Goleta	State CA	Zip Code 93117	<input type="checkbox"/> Memo Item Transaction ID : EDTB83EXPB1912		
Purpose of Disbursement Food		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Staples			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016		
Mailing Address 410 State Street			Amount of Each Disbursement this Period 19.40		
City Santa Barbara	State CA	Zip Code 93101	<input checked="" type="checkbox"/> Memo Item Transaction ID : EDTB76EXPB1912		
Purpose of Disbursement Clipboards and Water		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Three Pickles			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016		
Mailing Address 126 E Canon Perdido Street			Amount of Each Disbursement this Period 17.07		
City Santa Barbara	State CA	Zip Code 93101	<input checked="" type="checkbox"/> Memo Item Transaction ID : EDTB86EXPB1912		
Purpose of Disbursement Food		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Katherine P. Davis			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 1618 W 13th Street, N			Amount of Each Disbursement this Period 1758.34	
City Wichita	State KS	Zip Code 67203	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		001 Category/Type		
Candidate Name			Transaction ID : EXPB1796	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Katherine P. Davis			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 1618 W 13th Street, N			Amount of Each Disbursement this Period 1358.55	
City Wichita	State KS	Zip Code 67203	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		001 Category/Type		
Candidate Name			Transaction ID : EXPB1861	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Freestone Communications			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address Post Office Box 8943			Amount of Each Disbursement this Period 1500.00	
City Saint Louis	State MO	Zip Code 63101	Memo Item <input type="checkbox"/>	
Purpose of Disbursement GOTV		004 Category/Type		
Candidate Name			Transaction ID : EXPB1843	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4616.89
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Wendy Kilbourne Read			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016		
Mailing Address 1550 Hillcrest Road			Amount of Each Disbursement this Period 2500.00		
City Santa Barbara	State CA	Zip Code 93103	Memo Item <input type="checkbox"/>		
Purpose of Disbursement General Campaign Consulting		Category/ Type 001	Transaction ID : EXPB1860		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Adena Merabi			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016		
Mailing Address 4221 Clear Valley Dr.			Amount of Each Disbursement this Period 604.31		
City Encino	State CA	Zip Code 91436	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : EXPB1797		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Adena Merabi			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016		
Mailing Address 4221 Clear Valley Dr.			Amount of Each Disbursement this Period 838.38		
City Encino	State CA	Zip Code 91436	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : EXPB1862		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	3942.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Samuel J. Parker		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 2175 Fallen Leaf Drive		Amount of Each Disbursement this Period 1321.46
City Santa Maria State CA Zip Code 93455	Purpose of Disbursement Salary Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : EXPB1798
State: District:		

Full Name (Last, First, Middle Initial) B. Samuel J. Parker		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 2175 Fallen Leaf Drive		Amount of Each Disbursement this Period 1004.20
City Santa Maria State CA Zip Code 93455	Purpose of Disbursement Salary Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : EXPB1863
State: District:		

Full Name (Last, First, Middle Initial) C. John Price		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 1550 La Vista Road		Amount of Each Disbursement this Period 2700.00
City Santa Barbara State CA Zip Code 93110	Purpose of Disbursement In-Kind, Advertising Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : NONB1789
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5025.66
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : NONB1789

In-Kind

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Putnam Partners, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016	
Mailing Address 1100 Vermont Avenue, NW, Suite 120			Amount of Each Disbursement this Period 805.60	
City Washington	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Shipping		Category/Type 001		
Candidate Name			Transaction ID : EXPB1784	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. RCBS Payroll			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 1742.04	
City Sacramento	State CA	Zip Code 95841	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Taxes		Category/Type 001		
Candidate Name			Transaction ID : EXPB1800	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. RCBS Payroll			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 64.00	
City Sacramento	State CA	Zip Code 95841	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Fees		Category/Type 001		
Candidate Name			Transaction ID : EXPB1801	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2611.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. RCBS Payroll			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016		
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 189.00		
City Sacramento	State CA	Zip Code 95841	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll Fees		Category/ Type 001	Transaction ID : EXPB1866		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. RCBS Payroll			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016		
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 1386.78		
City Sacramento	State CA	Zip Code 95841	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : EXPB1865		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. River City Business Services			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016		
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 1504.88		
City Sacramento	State CA	Zip Code 95841	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Bookkeeping, Postage, Copies, Supplies and Software Fee		Category/ Type 001	Transaction ID : EXPB1827		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3080.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 12120 Sunset Hills Road, Suite 500		Amount of Each Disbursement this Period 1487.91
City Reston State VA Zip Code 20190	Purpose of Disbursement Credit Card Processing Fee Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1859
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Select Bankcard		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 170 Interstate Plaza, Suite 220		Amount of Each Disbursement this Period 17.00
City Lehi State UT Zip Code 84043	Purpose of Disbursement Credit Card Processing Fee Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1847
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Patrick J. Smith		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 673 Via De Tierra		Amount of Each Disbursement this Period 1616.12
City Newbury Park State CA Zip Code 91320	Purpose of Disbursement Salary Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1799
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3121.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Patrick J. Smith			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 673 Via De Tierra			Amount of Each Disbursement this Period 1193.45	
City Newbury Park	State CA	Zip Code 91320	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name			Transaction ID : EXPB1864	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. The Harman Press			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 6840 Vineland Avenue			Amount of Each Disbursement this Period 316.10	
City North Hollywood	State CA	Zip Code 91605	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Envelopes		Category/ Type 001		
Candidate Name			Transaction ID : EXPB1828	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. VCA Care Specialty & Emergency Animal Hospital, Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016	
Mailing Address 301 E Haley Street			Amount of Each Disbursement this Period 933.30	
City Santa Barbara	State CA	Zip Code 93101	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Rent		Category/ Type 001		
Candidate Name			Transaction ID : EXPB1867	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	2442.85
TOTAL This Period (last page this line number only).....	37522.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 51			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Joseph Allen			Date of Disbursement MM / DD / YYYY 06 / 29 / 2016	
Mailing Address 701 E. Victoria Street			Amount of Each Disbursement this Period 2700.00	
City Santa Barbara	State CA	Zip Code 93103	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund of Contribution		Category/Type 010		
Candidate Name			Transaction ID : EXPB1870	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Suzy Amis-Cameron			Date of Disbursement MM / DD / YYYY 06 / 29 / 2016	
Mailing Address 16255 Ventura Boulevard, Suite 525			Amount of Each Disbursement this Period 2700.00	
City Encino	State CA	Zip Code 91436	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund of Contribution		Category/Type 010		
Candidate Name			Transaction ID : EXPB1871	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Laurie B. Ashton			Date of Disbursement MM / DD / YYYY 06 / 29 / 2016	
Mailing Address 931 Las Alturas			Amount of Each Disbursement this Period 2700.00	
City Santa Barbara	State CA	Zip Code 93103	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund of Contribution		Category/Type 010		
Candidate Name			Transaction ID : EXPB1872	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	8100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 51	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Judith L. Bennett		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 530 Plaza Rubio		Amount of Each Disbursement this Period 600.00
City Santa Barbara	State CA	
Zip Code 93103	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1873
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Borgatello		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address Post Office Box 4127		Amount of Each Disbursement this Period 2300.00
City Santa Barbara	State CA	
Zip Code 93140	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1874
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mario Borgatello		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address Post Office Box 4127		Amount of Each Disbursement this Period 2300.00
City Santa Barbara	State CA	
Zip Code 93140	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1875
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 51	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Nancy Brown		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 3463 State Street, #220		Amount of Each Disbursement this Period 2400.00
City Santa Barbara State CA Zip Code 93105	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1876
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. James F. Cameron		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 16255 Ventura Boulevard, Suite 525		Amount of Each Disbursement this Period 2700.00
City Encino State CA Zip Code 91436	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1877
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Guy De Mangeon		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 205 West Montecito Street		Amount of Each Disbursement this Period 2700.00
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1878
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 51	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Bettina Duval		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 220 23rd Street		Amount of Each Disbursement this Period 300.00
City Santa Monica	State CA	
Zip Code 90402	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1879
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jesse R. Goodale III		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 186 Point Road		Amount of Each Disbursement this Period 2700.00
City Riverhead	State NY	
Zip Code 11901	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1887
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Amanda Goodale		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 90 Oakwood Drive		Amount of Each Disbursement this Period 2700.00
City Wading River	State NY	
Zip Code 11792	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1880
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 51	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Edgar F. Goodale		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 1728 Edwards Avenue		Amount of Each Disbursement this Period 2700.00
City Calverton	State NY	
Zip Code 11933	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1881
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Eric Goodale		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 90 Oakwood Drive		Amount of Each Disbursement this Period 2700.00
City Wading River	State NY	
Zip Code 11792	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1882
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Gregory Goodale		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 152 Long Pond Road		Amount of Each Disbursement this Period 2700.00
City Wading River	State NY	
Zip Code 11792	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1883
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 51	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Kevin Goodale		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 3058 Sound Avenue		Amount of Each Disbursement this Period 2700.00
City Riverhead	State NY	
Zip Code 11901	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB1884
State: District:		

Full Name (Last, First, Middle Initial) B. Nancy B. Goodale		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 1728 Edwards Avenue		Amount of Each Disbursement this Period 2700.00
City Calverton	State NY	
Zip Code 11933	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB1885
State: District:		

Full Name (Last, First, Middle Initial) c. Rachel Goodale		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 3058 Sound Avenue		Amount of Each Disbursement this Period 2700.00
City Riverhead	State NY	
Zip Code 11901	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB1886
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 51	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Jane Herner			Date of Disbursement MM / DD / YYYY 06 / 29 / 2016	
Mailing Address 289 El Cielito Road			Amount of Each Disbursement this Period 2700.00	
City Santa Barbara	State CA	Zip Code 93105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund of Contribution		Category/Type 010		
Candidate Name			Transaction ID : EXPB1888	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Ryan Howe			Date of Disbursement MM / DD / YYYY 06 / 29 / 2016	
Mailing Address 2542 Crescent Avenue			Amount of Each Disbursement this Period 2700.00	
City Santa Barbara	State CA	Zip Code 93105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund of Contribution		Category/Type 010		
Candidate Name			Transaction ID : EXPB1889	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Bryan Kappenberg			Date of Disbursement MM / DD / YYYY 06 / 29 / 2016	
Mailing Address 37 Summit Drive			Amount of Each Disbursement this Period 2700.00	
City Calverton	State NY	Zip Code 11933	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund of Contribution		Category/Type 010		
Candidate Name			Transaction ID : EXPB1890	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 51	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Tracy Kappenberg		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 37 Summit Drive		Amount of Each Disbursement this Period 2700.00
City Calverton	State NY	
Zip Code 11933	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1891
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Arlene Larsen		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 710 Miramonte Drive		Amount of Each Disbursement this Period 600.00
City Santa Barbara	State CA	
Zip Code 93109	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1892
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. George Lilly		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 1482 East Valley Road, Suite 712		Amount of Each Disbursement this Period 500.00
City Santa Barbara	State CA	
Zip Code 93108	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1893
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 51	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Lillian Lovelace		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address Post Office Box 50652		Amount of Each Disbursement this Period 2700.00
City Santa Barbara	State CA	
Zip Code 93150	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1894
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Nancy O'Reilly		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address Post Office Box 779		Amount of Each Disbursement this Period 2700.00
City Jefferson City	State MO	
Zip Code 65102	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1895
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sheryl Overall		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 1362 Oak Creek Canyon Road		Amount of Each Disbursement this Period 2700.00
City Santa Barbara	State CA	
Zip Code 93108	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1896
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 51	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Susan Petrovich		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 100 La Vuelta Road		Amount of Each Disbursement this Period 3100.00
City Santa Barbara	State CA	
Zip Code 93108	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1897
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Eric Phillips		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 965 Park Lane		Amount of Each Disbursement this Period 300.00
City Santa Barbara	State CA	
Zip Code 93108	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1898
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Christina Pizarro		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 8812 Harratt Street		Amount of Each Disbursement this Period 1500.00
City West Hollywood	State CA	
Zip Code 90069	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1899
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 51	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Claudia Pizarro		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 8812 Harratt Street		Amount of Each Disbursement this Period 2300.00
City West Hollywood	State CA	
Zip Code 90069	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1900
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. William Pulice		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 296 Las Entradas Drive		Amount of Each Disbursement this Period 2700.00
City Santa Barbara	State CA	
Zip Code 93108	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1901
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lynn Lincoln Sarko		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 5350 South Kenyon Street		Amount of Each Disbursement this Period 2700.00
City Seattle	State WA	
Zip Code 98118	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1903
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 51	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Robertson H. Short Jr.		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 300 Hot Springs Road, 20		Amount of Each Disbursement this Period 2700.00
City Santa Barbara	State CA	
Zip Code 93108	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1904
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brad VanHouten		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 87 North Woods Drive		Amount of Each Disbursement this Period 2700.00
City Wading River	State NY	
Zip Code 11792	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1905
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Laura VanHouten		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 87 North Woods Drive		Amount of Each Disbursement this Period 2700.00
City Wading River	State NY	
Zip Code 11792	Purpose of Disbursement Refund of Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 010	Transaction ID : EXPB1906
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 51	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Helene Schneider for Congress

Full Name (Last, First, Middle Initial) A. Dan Weber		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 740 State Street, Floor 3, Suite B		Amount of Each Disbursement this Period 2700.00
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1907
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. C. Dana White		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 4061 Cuervo Avenue		Amount of Each Disbursement this Period 2700.00
City Santa Barbara State CA Zip Code 93110	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1908
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Richard Wolf		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 16030 Ventura Boulevard, #380		Amount of Each Disbursement this Period 2700.00
City Encino State CA Zip Code 91436	Purpose of Disbursement Refund of Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> Transaction ID : EXPB1909
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	90000.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Service Center		Nature of Debt (Purpose): See Individual Credit Card Payees
Mailing Address Post Office Box 569100		
City State	Zip Code	
Dallas TX	75356	

Outstanding Balance Beginning This Period	Transaction ID : PAYD1923	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
839.40	0.00	839.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor River City Business Services		Nature of Debt (Purpose): Bookkeeping, Postage, Copies, Supplies and Software Fee
Mailing Address 5429 Madison Avenue		
City State	Zip Code	
Sacramento CA	95841	

Outstanding Balance Beginning This Period	Transaction ID : PAYD1913	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
905.05	0.00	905.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	1744.45
2) TOTALS This Period (last page this line number only)	1744.45
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1744.45